

**CLAIM FOR DAMAGE,
INJURY, OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO.
1105-0008
EXPIRES 4-30-94

⇒57423-380⇒

Albert Armendariz Sr.
525 Magoffin AVE
Rm 105 US Courthouse
EL PASO, TX 79901
United States

2. Name, Address of claimant and claimant's personal representative, if any.
(See instructions on reverse.) (Number, street, city, State and Zip Code)

**MARIA GUADALUPE HERNANDEZ
FCC COLEMAN CAMP UNITE F-1
COLEMAN, FLORIDA 33521**

3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)
<input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	03-16-57	Separated	May 2016	

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying the persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

ATTORNEY CLIENT BREACH OF CONTRACT

I paid Mary Stillinger a total of \$60,000.00 thinking she was going to call my witnessess and hire a private investigator and failed to do so. (See Contract attached) The contracted I signed was for \$30,000.00 unless she did hire a investigator and call my witnessess. She refuses to return the second \$30,000.00 that between my husband, father in law and I paid.

9.	PROPERTY DAMAGE
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NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

\$30,000.00

10.	PERSONAL INJURY/WRONFUL DEATH
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STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

11.	WITNESSES
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NAME	ADDRESS (Number, street, city, State and Zip Code)
RENE HERNANDEZ	1371 BAT MASTERS DRIVE EL PASO, TEXAS 79936

12. (See instructions on reverse)	AMOUNT OF CLAIM (in dollars)
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12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)
\$30,000.00			\$30,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)	13b. Phone number of signatory	14. DATE OF CLAIM
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Maria G Hernandez 915 241-9056 September 9, 2018

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS
The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)	Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

MARY STILLINGER
ATTORNEY

4911 Alameda • El Paso, Texas 79905
(915) 775-0705

Licensed in Texas
and New Mexico

Board Certified in Criminal Law by the
Texas Board of Legal Specialization

October 22, 2014

Maria Guadalupe Hernandez
1371 Bat Masterson Drive
El Paso, Texas 79936

Re: Investigation: United States v. Maria Guadalupe Hernandez
NCUA v. Maria Guadalupe Hernandez, EP-14-CV-0380-DB

Dear Mrs. Hernandez:

I am writing to confirm our employment agreement. You are hiring me to represent you in the above-referenced investigation that is pending in the United States District Court for the Western District of Texas, and also to answer the above-referenced lawsuit filed against you.

We have agreed that my initial fee this representation is \$30,000. We will negotiate additional fees once we know more about your situation. You understand that this fee covers my representation of you in the investigation **prior** to charges being filed. You understand that I have been told that criminal charges will be filed against you shortly. However, in order for me to file an entry of appearance for you in that criminal case, there will be additional fees.

Further, with respect to the civil case, our agreement covers the initial response to the restraining order and answer to the lawsuit. It does **not** cover the full scope of representation in this case.

I do not bill hourly and the entire fee is **non-refundable**, regardless of the outcome of the investigation or civil case. You understand that the fee is earned upon payment in consideration for my agreement to take the case. Further, you have agreed to a fixed fee, in lieu of hourly billing. I can make no representation regarding the outcome of the investigation or case.

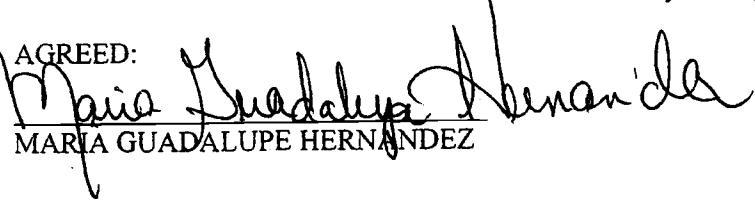
Expenses are separate and may include such things as court reporter fees, overnight courier fees, witness fees or travel expenses, private investigator fees, and expert witness fees. I will not incur any large expenditure without your prior approval.

If this letter accurately reflects our agreement, please sign this letter at the bottom and return it to me.

Sincerely,

Mary Stillinger

AGREED:


Maria Guadalupe Hernandez
MARIA GUADALUPE HERNANDEZ

November 2, 2016

Re: Attorney fees

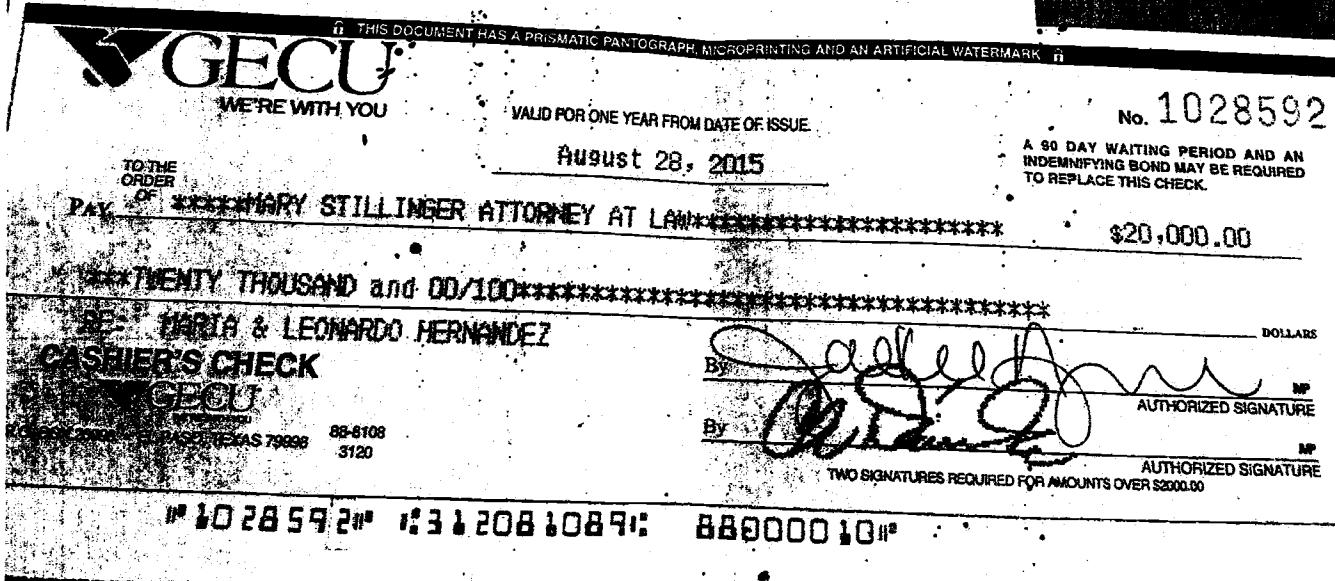
Dear Mary,

In the initial attorney fees contract letter dated October 22, 2014, that I signed, you charged me a total of \$30,000.00 which it clearly states that its non refundable. I ended paying a total of \$60,000.00 thru the end of the trial. We would like to know since there was no witness called, private investigator , witness fee or travel, if we will get a refund from the last \$30,000.00 that we paid. We are trying to see if we can come up with the appeal attorney's fees.

Thank you

Maria Guadalupe Hernandez

RECEIPT		No. 205217
DATE	Oct. 21, 2014	
FROM	Lou Heacock	
		\$ 15,000.00
F: f4ee20 Sheet 1 of 100/total		
<input type="radio"/> FOR RENT	DOLLARS	
<input checked="" type="checkbox"/> FOR	Atty. Fees & Chars \$ 15,000.00	
ACCT.	<input type="radio"/> CASH	
PAID	<input checked="" type="checkbox"/> CHECK # 3571	FROM
DUE	<input type="radio"/> MONEY ORDER	TO
	<input type="radio"/> CREDIT CARD	BY
<i>[Signature]</i>		
A-1152 T-4161		



Capture Date	Sequence #	Check #	Member #	HiLo	Amount	Return Reason	Return Date
10/27/2014	92163970	3677	80032419		\$10,000.00		

LEONARDO OR OFELIA HERNANDEZ
7840 JERSEY ST. 772-2280
EL PASO, TX 79915

3677

88-81083120

1 DATE

PAY TO THE ORDER OF MARY STILLEINGER \$ 10,000.00
TEN THOUSAND AND NO/100 - DOLLARS



Greater El Paso's Credit Union
P.O. BOX 20998 EL PASO, TEXAS 79908

MEMBER COPY

For _____

1020810891: 80032419# 3677

Held Date

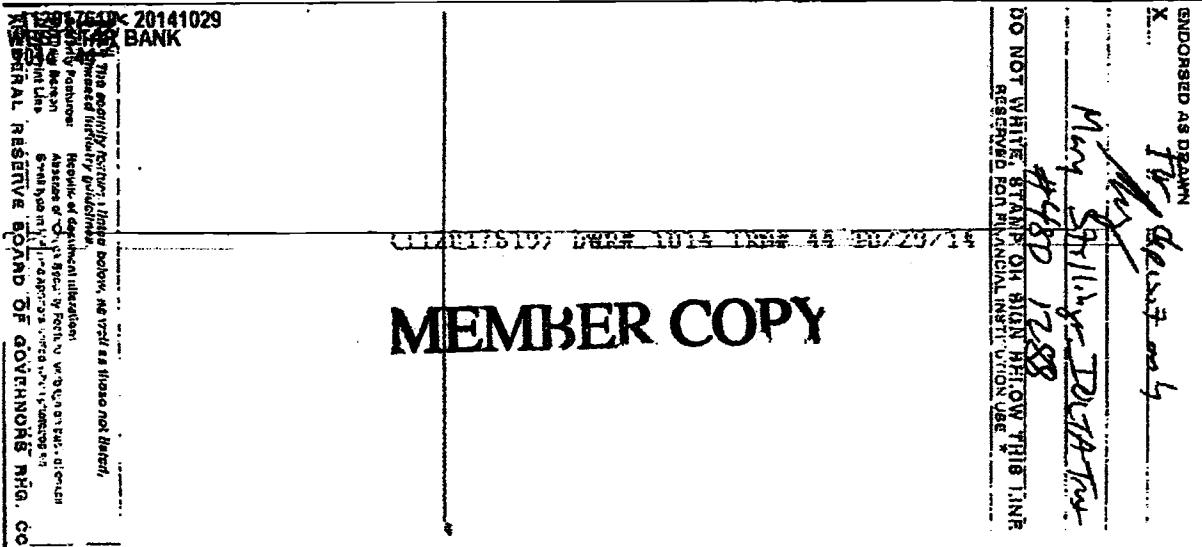
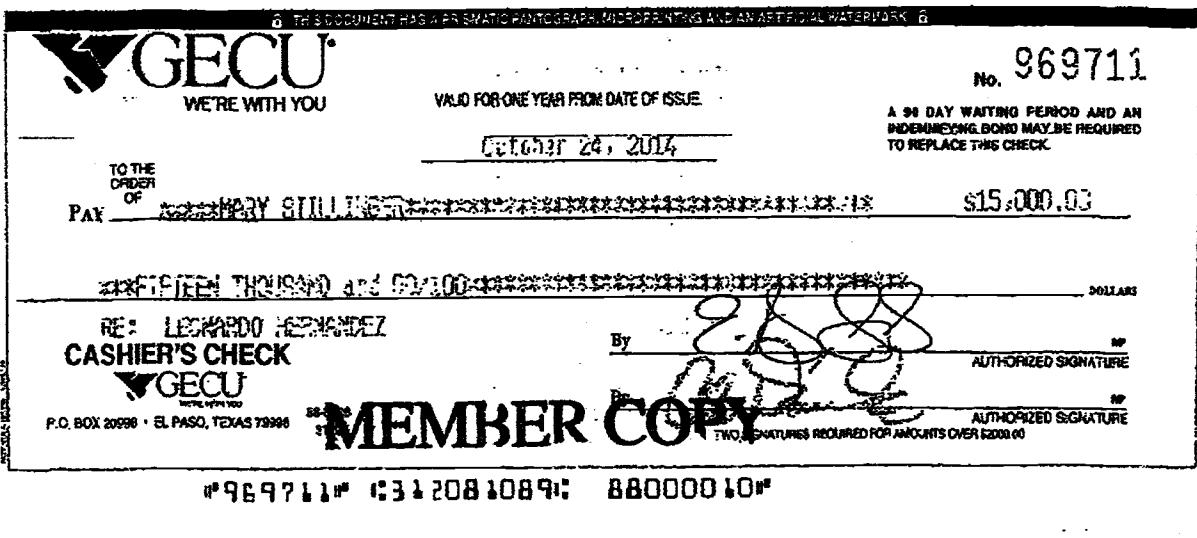
>112017619< 20141024
WESTSTAR BANK
1016 27

MEMBER COPY

For deposit only
Mary Stilleinger
Tranzact Inc.
10/27/2017

Tuesday, August 15, 2017 4:36 PM CT
18 Page 6 of 7

Capture Date	Sequence #	Check #	Member #	HiLo	Amount	Return Reason	Return Date
10/30/2014	72683334	969711	88000010		\$15,000.00		





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